

## KING GEORGE CITIZEN'S CENTER FACILITY USE APPLICATION

Applicant Name	Today's Date		
Organization Name (if applicable)			
Address	City/State	Zip	
Primary Phone	Secondary Phone		
Email Address			
Date(s) of Event (Be sure to include set-up and breakdown in			
Type of Event			
Estimated Attendance Admis	sion Fee: Yes No		
Will food be served? Yes No Will permits are required.)	food be sold? Yes No	(If sold, Health Dept.	
Will alcoholic beverages be on the premises? Note of the premises of the premise of t	ed. Contact VA ABC at 804-213-457		
Will event be promoted? Yes No	f yes, describe		
Will decorations be used? Yes No			
Does your event require exclusive use of the ce	enter? Yes No		
Facilities Requested: Entire center or ch	eck all below that apply:		
<ul> <li> South half of the Main Hall</li> <li> North half of the Main Hall</li> <li> Entire Main Hall</li> </ul> The applicant and their party agree to abid		vest side of center)	
atta	ched document.		
Signature of Applicant / Representative	Da	te	
Once approved KGPR will issue to the Applican	t, upon the terms and provision	s set forth, a permit givir	

RETURN THIS APPLICATION TO:

the right to use the facility indicated above for the purpose stated above.

King George Parks & Recreation PO Box 71 (8076 Kings Hwy.), King George, VA 22485 Phone: 540-775-4386 Fax: 540-775-5255



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## Parks & Recreation Staff Use Only

Deposit Amount:	ount: Deposit Received:		
Hours:	Rental Rate:	Total Fee:	_
Payment #1:	Payment Date:	Balance Due:	_
Event Approved:		Date:	
Confirmation Sent:		By: E-mail or Letter	
Supervisor(s) Assigned: _			
Custodian(s) Assigned: _			
Additional Rental Notes:			